

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	2					
6	2					
7	1					
8	1					
9	2					
10	2					
11	2					
12	2					
13	2					
14	2					
15	2					
16	2					
17	2					
18	2					
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	34					
TOTAL CLAIMS	36					

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						